

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

HUNTINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

35-1970706

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1288250.	0.	1288250.	2.38%
b Medicaid (from Worksheet 3, column a)			5918748.	3035406.	2883342.	5.33%
c Costs of other means-tested government programs (from Worksheet 3, column b)			7242222.	4342364.	2899858.	5.36%
d Total. Financial Assistance and Means-Tested Government Programs			14449220.	7377770.	7071450.	13.07%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			83,669.	0.	83,669.	.15%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			269,050.	0.	269,050.	.50%
j Total. Other Benefits			352,719.		352,719.	.65%
k Total. Add lines 7d and 7j			14801939.	7377770.	7424169.	13.72%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC. - INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM -- WERE DILIGENT IN ENSURING THAT THE INPUT OF PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY'S VULNERABLE POPULATIONS WAS CONSIDERED.

IN GATHERING QUALITATIVE COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC. - INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., AND ITS RESEARCH PARTNERS - OBTAINED THE FOLLOWING: 1) PRIMARY DATA OBTAINED THROUGH AN ONLINE SURVEY OF PARKVIEW HEALTHCARE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.) AND A SURVEY OF THE COMMUNITY RESIDENTS IN EACH PARKVIEW HEALTH COUNTY, AND 2) SECONDARY DATA FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES (E.G., COUNTY HEALTH RANKINGS, ETC.).

HUNTINGTON COUNTY HAD THE SECOND HIGHEST RATE OF PARTICIPATION AMONG THE SEVEN COUNTIES SURVEYED ONLINE. ALL MEMBERS OF THE HEALTH & WELLNESS COALITION OF HUNTINGTON COUNTY WERE INVITED TO TAKE PART. MANY OF THESE PARTNERS WORK WITH INDIVIDUALS AND GROUPS IN THE AREAS IDENTIFIED AS THE TOP TWO COMMUNITY HEALTH ISSUES OF GREATEST CONCERN BY PROVIDERS AND THE TOP TWO SOCIAL SERVICE NEEDS BASED ON COMMUNITY PERCEPTION: SUBSTANCE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ABUSE AND MENTAL HEALTH. THE POPULATION SUFFERING FROM MENTAL ILLNESS IS OUR MEDICALLY UNDERSERVED AND MOST VULNERABLE IN HUNTINGTON COUNTY.

IN ADDITION TO DATA COLLECTION, HUNTINGTON MEMORIAL HOSPITAL, INC., TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING HUNTINGTON COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD PRIORITIZED HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES PRESENTED AN OVERVIEW OF THE REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING THE PARKVIEW HEALTH SYSTEM. IN TOTAL, MORE THAN 60 INDIVIDUALS PARTICIPATED IN THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL SERVICE LINES, COMMUNITY HOSPITALS, HEALTHCARE PROVIDERS/PHYSICIANS, EXECUTIVE LEADERSHIP TEAM, COMMUNITY HEALTH AND HOSPITAL BOARDS OF DIRECTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIED IN THE CHNA. ULTIMATELY, THE GROUP VOTED ON

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUBSTANCE USE DISORDER/MENTAL HEALTH, AS THE SHARED HEALTH PRIORITY ACROSS THE HEALTH SYSTEM.

AS A CONTINUATION OF THE PRIORITIZATION PROCESS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS MET ON AUGUST 18, 2019, AND DISCUSSED THE RESULTS OF THE CHNA. AFTER A THOUGHTFUL REVIEW OF THE DATA AND EXTENSIVE DISCUSSION, THE BOARD CHOSE TO CONTINUE TO SUPPORT THE PRIOR WORK RELATED TO OBESITY AND SUBSTANCE ABUSE DISORDER IN ADDITION TO ADOPTING THE SHARED HEALTH PRIORITY OF MENTAL HEALTH. OUR HOSPITAL'S PRIORITIES WERE DISCUSSED WITH THE HUNTINGTON COUNTY HEALTH & WELLNESS COALITION ON SEPTEMBER 17, 2019.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384): INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

OBESITY, HAVING A BODY MASS INDEX (BMI) GREATER THAN 30.0 KG/M, AFFECTS ALL AGE GROUPS. ELEVATED BMI AFFECTS PEOPLE OF DIFFERENT SOCIOECONOMIC STATUSES AND RACIAL/ETHNIC GROUPS DISPROPORTIONATELY. MANY COMPLICATIONS CAN OCCUR AS A DIRECT OR INDIRECT RESULT OF OBESITY. OBESITY RATES IN INDIANA ARE HIGHER THAN THE NATIONAL AVERAGE, WITH RATES IN MOST OF NORTHEAST INDIANA BEING ABOVE THE STATE AVERAGE. INDIANA'S ADULT OBESITY RATE IS THE 11TH HIGHEST IN THE NATION AT 35.3 PERCENT. FOR CHILDREN AGES 10 TO 17, 16.7 PERCENT ARE CONSIDERED OBESE, PUTTING INDIANA IN 16TH PLACE.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S ACTIONS ARE TO SUPPORT THE FURTHER DEVELOPMENT OF HEALTHY LIFESTYLE CHOICES AMONG RESIDENTS OF HUNTINGTON COUNTY. THE CONTINUED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STRATEGIC GOAL OF THE OBESITY INITIATIVE IS TO INCREASE ACCESS TO NUTRITIOUS FOOD AND PHYSICAL ACTIVITY IN HUNTINGTON COUNTY WITH THE SMART OBJECTIVE OF IMPROVING KNOWLEDGE AND BEHAVIOR RELATED TO NUTRITION AND ACTIVITY IN 100 PERCENT OF PROGRAM PARTICIPANTS. THE ANTICIPATED IMPACT IS REDUCTION OF THE OBESITY RATE AND THE CORRESPONDING CHRONIC DISEASES THAT GO HAND IN HAND WITH OBESITY.

FUNDED PARTNERS HAVE PARTICIPATED IN VARIOUS ENDEAVORS TO PROMOTE HEALTHY LIVING AND THUS PREVENT OR TREAT OBESITY ACROSS THE LIFESPAN.

MCMILLEN HEALTH CENTER PROVIDED 414 PREVENTIVE HEALTH EDUCATION SESSIONS FOCUSING ON OBESITY/NUTRITION IN GRADES K - 12, SERVING 416 STUDENTS. KNOWLEDGE INCREASE WAS DETERMINED TO BE 38 PERCENT, EXCEEDING THE GOAL OF 35 PERCENT. PARKVIEW HUNTINGTON FAMILY YMCA FUNDS ORIGINALLY EARMARKED FOR YOUTH MEMBERSHIPS ALONG WITH FUNDING INTENDED FOR THE ANNUAL 3RD GRADE SWIMMING PROGRAM AND AFTER-SCHOOL PROGRAMMING WERE ROUTED TO ASSIST MORE FAMILIES IN FINDING CHILDCARE DURING THE PANDEMIC. YOUTH MEMBERSHIPS, HOWEVER, WERE STILL PROVIDED TO 86 STUDENTS, OR 7 PERCENT OF HUNTINGTON COUNTY YOUTH IN GRADES 6 - 8 (AN ADDITIONAL 36 PERCENT OF STUDENTS ALREADY HAD MEMBERSHIPS). THOSE WHO WERE AWARDED MEMBERSHIPS CHECKED IN 351 TIMES DURING 2020. THE YMCA HAD HOPED 10 PERCENT OF THIS AGE GROUP WOULD PARTICIPATE IN A YMCA AFTER-SCHOOL PROGRAM AND THIS GOAL WAS EXCEEDED, WITH 26 PERCENT DOING SO.

A LIVING TOWERS GARDEN FUNDED PROGRAM HAS PROVIDED THREE HYDROPONIC GARDENS TO A LOCAL ELEMENTARY SCHOOL. THE PROGRAM EXPANDED TO A LOCAL PRESCHOOL LAST YEAR, PROVIDING STUDENTS THERE WITH A TOWER. THE GARDEN WAS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MOVED FROM FLINT SPRINGS ELEMENTARY TO THE PURDUE EXTENSION OFFICE DUE TO THE PANDEMIC AND USED TO SUPPLEMENT A COMMUNITY GARDEN AND LOCAL FOOD PANTRY UNTIL THE FALL SEMESTER. ONE CLASS WAS THEN ABLE TO PARTICIPATE AT A TIME PER COVID RESTRICTIONS. SIXTY STUDENTS WERE ABLE TO ENJOY A GARDEN SALAD, WITH AN ADDITIONAL 40 SALADS BEING SHARED WITH ADULTS WHO HELPED WITH THE CLASS. KIDS KAMPUS PRESCHOOL WAS ABLE TO HAVE TWO HARVESTS IN 2020. THE FIRST PROVIDED LETTUCE AND KALE SALADS TO 54 CHILDREN. THE SECOND HARVEST REACHED ONLY 20 CHILDREN DUE TO THE PANDEMIC.

BLESSINGS IN A BACKPACK IS WORKING AT COMBATING FOOD INSECURITY BY SENDING, ON AVERAGE, 376 STUDENTS HOME WITH MEALS FOR THE WEEKEND THROUGHOUT THE SCHOOL YEAR (UP FROM 20 CHILDREN IN 2011 AND 317 DURING THE 2018-2019 SCHOOL YEAR). IN APRIL AND MAY, FOOD WAS DELIVERED BY THE COUNTY SCHOOL CORPORATION'S BUS DRIVERS TO STUDENTS' HOMES BECAUSE OF THE PANDEMIC. BLESSINGS IMPLEMENTED ADDITIONAL MEASURES FOR INFECTION PREVENTION, INCLUDING TOTE DISINFECTION AT EACH PACKING EVENT, SOCIAL DISTANCING DURING PACKING, AND VOLUNTEER SIGN-IN WITH CONTACT NUMBER IN THE EVENT CONTACT TRACING WAS REQUIRED.

PARKVIEW BOYS & GIRLS CLUB OF HUNTINGTON COUNTY HAD 77 CLUB MEMBERS PARTICIPATE IN THE HEALTHY HABITS PROGRAM BETWEEN THE HUNTINGTON AND WARREN SITES IN 2020. FORTY-EIGHT KIDS TOOK HOME MEAL KITS THEY USED TO COOK FOR THEIR FAMILY ON 10 WEEKENDS DURING THE SUMMER. THE CLUB'S NUMBERS VARIED GREATLY THROUGHOUT 2020 DUE TO THE PANDEMIC, AND PHYSICAL ACTIVITY GOALS WERE NOT MET. THE HUNTINGTON SITE AVERAGED 194 CHILDREN PER DAY (RANGING FROM 354 PRE-COVID TO 40 DURING THE LOCKDOWN). CLUB LEADERS HAD HOPED 70 PERCENT OF MEMBERS WOULD PARTICIPATE IN 60 MINUTES OF ACTIVITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THREE DAYS PER WEEK. NINETY-NINE KIDS MET THIS GOAL BETWEEN BOTH SITES, AND 21 COMPLETED "DANCE CLUB" BY PUTTING ON A PERFORMANCE AT THE END OF THE YEAR.

ADULTS FROM GROUP HOMES, TRANSITIONAL HOUSING, AND A MENTAL HEALTH FACILITY ARE ABLE TO INCREASE THEIR ACTIVITY TO COMBAT OBESITY WITH ACCESS TO WELLNESS THROUGH THE YMCA. THIS PROGRAM HAS GROWN FROM ONE GROUP HOME IN 2017 WITH THREE PARTICIPANTS COMPLETING A 12-WEEK FITNESS PROGRAM TO AS MANY AS 450 INDIVIDUAL VISITS IN JUNE OF 2020 BY PARTICIPANTS. THE PANDEMIC PREVENTED A SMALLER COMMUNITY IN THE COUNTY FROM OFFERING A SUMMER COOKING/FITNESS CAMP FOR GRADES K - 6, AND FUNDS WERE USED TO PROVIDE FIVE MEMBERSHIPS TO THEIR FITNESS FACILITY. ONE MEMBER USED THE FACILITY 315 TIMES THROUGHOUT THE YEAR!

ALL AGES HAVE BENEFITED FROM THE HELPING HANDS COMMUNITY GARDEN. EIGHTY-EIGHT PERCENT OF THE GARDEN'S VISITORS INDICATE THEY CONSUME MORE FRUIT AND VEGETABLES THANKS TO THEIR ACCESS TO THE GARDEN. IN ADDITION, THE GARDEN CONTINUED TO PROVIDE A SPACE FOR HEALTHY OUTDOOR FAMILY-FRIENDLY ACTIVITIES MONTHLY WHEN WEATHER AND COVID RESTRICTIONS PERMITTED, INCLUDING A GARDEN PARTY, BUTTERFLY WORKSHOP, STIR-FRY FROM THE GARDEN, AND FALL HARVEST PARTY. SHUTDOWNS RELATED TO THE PANDEMIC PROVED TO BE A CHALLENGE FOR HOLDING SOME INTENDED COOKING PROGRAMS IN 2020, BUT A TOTAL OF 16 "SIMPLE AND HEALTHY" COOKING CLASSES (ONE WITH A FOUR-PART SERIES) WERE ABLE TO BE OFFERED, REACHING 102 PARTICIPANTS. ONE HUNDRED PERCENT REPORTED TRYING OR MAKING A NEW HEALTHY RECIPE AND 90 PERCENT WERE ABLE TO IDENTIFY ALL FOOD SAFETY RULES PRESENTED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AN AVERAGE OF 1,642 INDIVIDUALS PER MONTH BENEFITED FROM A YEAR-ROUND PRODUCE OPTION PROVIDED THROUGH LOVE, INC., A LOCAL FOOD PANTRY IN THE CITY OF HUNTINGTON; THAT TOTAL IS 573 MORE PEOPLE THAN IN 2019. MORE THAN 744 INDIVIDUALS PER MONTH BENEFITED THROUGH A RURAL COMMUNITY'S WARREN BREAD OF LIFE PANTRY, WHICH IS AN INCREASE OF ABOUT 300 PEOPLE COMPARED TO THE PREVIOUS YEAR.

HUNTINGTON MEMORIAL HOSPITAL, INC.'S CHRONIC PAIN SUPPORT GROUP HAS ALSO ADDRESSED KEY ELEMENTS TO TACKLE THE OBESITY EPIDEMIC, BUT GROUP MEMBERS WERE ONLY ABLE TO MEET THREE TIMES IN 2020 PRIOR TO THE PANDEMIC.

THE HOSPITAL'S "MY WELL-BEING" COMMITTEE PROVIDES RESOURCES FOR CO-WORKERS TO ENABLE THEM TO BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S OTHER VAST PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH GOAL IS TO ADDRESS SUBSTANCE ABUSE AND BREAK THE STIGMA OF MENTAL HEALTH IN HUNTINGTON COUNTY WITH THE SMART OBJECTIVE OF IMPROVING KNOWLEDGE AND/OR BEHAVIOR RELATED TO SUBSTANCE ABUSE AND MENTAL HEALTH IN 100 PERCENT OF PROGRAM PARTICIPANTS. THE ANTICIPATED IMPACT IS THE IMPROVED PHYSICAL, MENTAL, AND FINANCIAL WELL-BEING OF AREA RESIDENTS.

PARTNERS ARE WORKING TO PREVENT AND TREAT ADDICTION AT ALL AGES. THROUGH YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY (YSB), 100 PERCENT OF 66 ADULTS AND 177 SEVENTH-GRADERS WHO PARTICIPATED IN A SUICIDE PREVENTION PROGRAM DEMONSTRATED AN INCREASE IN KNOWLEDGE. COVID-19 HAD A MAJOR IMPACT ON YSB'S ABILITY TO PROVIDE TRAINING SESSIONS AFTER MARCH. HOWEVER, THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CRISIS HOTLINE ALWAYS REMAINED STAFFED, AND YOUNG PEOPLE WERE PROVIDED
WITH IMMEDIATE CRISIS INTERVENTION AS NEEDED.

(SEE PART V, SECTION B, LINE 11 CONT'D: FOR CONTINUATION OF NARRATIVE)

HUNTINGTON MEMORIAL HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

HUNTINGTON MEMORIAL HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

HUNTINGTON MEMORIAL HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE
SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE
CHNA.

PART V, SECTION B, LINE 11 CONT'D:

PLACE OF GRACE TRANSITIONAL HOME SERVES WOMEN RE-ENTERING THE COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AFTER INCARCERATION. ONE HUNDRED PERCENT OF GRADUATES WERE GAINFULLY EMPLOYED BY GRADUATION, 96 PERCENT REPORTED AN INCREASE IN KNOWLEDGE OF COMMUNITY RESOURCES, AND 84 PERCENT AN INCREASE IN SELF-ESTEEM BECAUSE OF PROGRAMMING OFFERED. FORTY-SEVEN PARKVIEW BOYS & GIRLS CLUB MEMBERS BETWEEN THE AGES OF 6 AND 12 FINISHED A PROGRAM LEARNING WAYS TO AVOID DRUGS, TOBACCO, AND ALCOHOL IN WHICH 95 PERCENT STATED THEY DID NOT DO DRUGS IN THE PRECEDING 30 DAYS. IN ADDITION, 93 PERCENT STATED THEY INCREASED THEIR KNOWLEDGE OF ABSTINENCE TO PREVENT TEEN PREGNANCY. THE CLUB ALSO PARTNERED WITH PLACE OF GRACE AND OFFERED FOUR PARENTS THE GUIDING GOOD CHOICES PROGRAM; 100 PERCENT OF PARTICIPANTS STATED THE PROGRAM HELPED THEM BETTER TALK TO THEIR CHILD(REN) ABOUT DRUGS AND ALCOHOL. CO-PARENTING FOR SUCCESSFUL KIDS, TAUGHT BY PURDUE EXTENSION, BENEFITED SEVEN PARTICIPANTS AT PLACE OF GRACE, HELPING FAMILIES COPE WITH DIVORCE AND CUSTODY. KNOWLEDGE INCREASED IN ALL AREAS: 43 PERCENT ON HOW CHILDREN ARE AFFECTED BY DIVORCE, 57 PERCENT ON "WHAT I CAN DO TO HELP MY CHILD(REN) ADJUST TO DIVORCE," 29 PERCENT ON HOW TO USE "I" MESSAGES, 29 PERCENT ON "HOW TO KEEP MY CHILD(REN) OUT OF THE MIDDLE" OF CONFLICT. REGARDING INTENDED BEHAVIOR CHANGE: 86 PERCENT INTEND TO HELP THEIR CHILD ADJUST TO DIVORCE BASED ON THEIR AGES AND STAGES, TO SEARCH FOR POSITIVES IN THEIR CHILD(REN)'S OTHER PARENT TO POINT OUT TO THE CHILD(REN), TO USE "I" MESSAGES MORE FREQUENTLY, TO STOP CRITICIZING THE OTHER PARENT IN FRONT OF THEIR CHILD(REN), TO USE STRATEGIES LEARNED IN CLASS TO KEEP THEIR CHILD(REN) "OUT OF THE MIDDLE" OF CONFLICT, TO DEVELOP AND FOLLOW A CHILD-FOCUSED CO-PARENTING PLAN, AND TO STOP ASKING THEIR CHILD(REN) TO RELAY MESSAGES TO THE OTHER PARENT.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE WALK AWAY PROGRAM AT THE HIGH SCHOOL WAS DESIGNED FOR THOSE WANTING TO "WALK AWAY" FROM ANXIETY, DEPRESSION, EXTRA WEIGHT, AND/OR SCHOOL AND HOME DRAMA. PARTICIPANTS WERE ABLE TO MEET FIVE TIMES PRIOR TO THE PANDEMIC AND 15 TIMES DURING THE FALL SEMESTER. THREE STUDENTS ATTENDED FAITHFULLY, AND EACH HAS AN ADULT MENTOR TO WALK WITH AS PURDUE EXTENSION EMPLOYEES HAVE JOINED THE PROGRAM. THERE IS A PLAN IN PLACE TO RECRUIT MORE STUDENTS FOR 2021.

MCMILLEN HEALTH CENTER PROVIDED 26 PREVENTIVE HEALTH EDUCATION SESSIONS FOCUSING ON TOBACCO, ALCOHOL/DRUGS, AND SOCIAL/EMOTIONAL HEALTH IN GRADES BETWEEN K - 12, SERVING 1,082 STUDENTS. KNOWLEDGE INCREASE GOALS FOR ALL TOPICS WERE SET AT 35 PERCENT. REGARDING TOBACCO AND VAPING THE ACTUAL INCREASE WAS ALMOST 144 PERCENT, WHICH IS THOUGHT TO INDICATE STUDENTS CAME IN WITH NO KNOWLEDGE OF THE INFORMATION THAT WAS PRESENTED. SIMILARLY, RESULTS SHOWED A 116 PERCENT INCREASE RELATING TO SOCIAL AND EMOTIONAL HEALTH. THERE WAS A 60 PERCENT INCREASE IN KNOWLEDGE REGARDING DRUGS AND ALCOHOL.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

A. DIABETES, CARDIOVASCULAR DISEASE, AND CANCER - WHILE HUNTINGTON MEMORIAL HOSPITAL, INC., DID NOT SELECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE PRESENCE OF CHRONIC CONDITIONS SUCH AS THE AFOREMENTIONED DISEASES BY ADDRESSING OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO HEALTHY FOODS, ACTIVE LIVING PROGRAMS, AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

B. MATERNAL/INFANT/CHILD HEALTH - PRENATAL CARE IS OFFERED BY

HUNTINGTON MEMORIAL HOSPITAL, INC., VIA THE BIRTH PLANNING PROGRAM. WIC AND KIDS KAMPUS ALSO PROVIDE SERVICES.

C. HEALTHCARE ACCESS (COST AND QUALITY) - HUNTINGTON MEMORIAL HOSPITAL,

INC., COLLABORATES WITH PARKVIEW PHYSICIANS GROUP (PPG) TO PROVIDE THE MEDICAL COVERAGE NEEDED FOR THE COMMUNITY. IF AN INDIVIDUAL DOES NOT HAVE A LOCAL PRIMARY CARE PHYSICIAN, THEY ARE PROVIDED WITH A LIST OF THE LOCAL PHYSICIANS AND THEIR CONTACT NUMBERS. MATTHEW 25 HEALTH AND CARE, BASED IN FORT WAYNE, HAS A SATELLITE OFFICE IN THE HUNTINGTON COMMUNITY TO WHICH PPG OFFICES AND THE HOSPITAL CAN REFER PEOPLE WHO DO NOT HAVE HEALTH INSURANCE.

D. CHRONIC KIDNEY DISEASE - MAJOR RISK FACTORS RELATED TO CHRONIC

KIDNEY DISEASE ARE DIABETES, HIGH BLOOD PRESSURE, AND AGE (60 AND OLDER). BY DECREASING OBESITY, THE HOSPITAL AND ITS COMMUNITY PARTNERS ARE WORKING TO ADDRESS SUCH RISK FACTORS.

E. ASTHMA - PATHFINDER KIDS KAMPUS -- A HUNTINGTON MEMORIAL HOSPITAL,

INC., FUNDED PARTNER -- PROVIDES KIDS KLINIC, WHICH ADDRESSES THE NEEDS OF CHILDREN WITH ASTHMA.

F. AGING - HUNTINGTON MEMORIAL HOSPITAL, INC., SUPPORTS PROGRAMMING

THROUGH THE HUNTINGTON COUNTY COUNCIL ON AGING, A FUNDED PARTNER, WHICH IS INVOLVED WITH THE LOCAL HEALTH & WELLNESS COALITION.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384); PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665) AND PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED.

Part VI Supplemental Information (Continuation)

PART I, LINE 7B

HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7C

HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE

Part VI Supplemental Information (Continuation)

MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, HUNTINGTON MEMORIAL HOSPITAL, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

HUNTINGTON MEMORIAL HOSPITAL, INC. EXCLUDED \$9,458,384 OF PH CLINICAL SUPPORT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

HUNTINGTON MEMORIAL HOSPITAL, INC., PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH THE HEALTH SYSTEM'S

Part VI Supplemental Information (Continuation)

STRATEGIC INVOLVEMENT IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2020, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. VISION 2020'S REGIONAL PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE, AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY NORTHEAST INDIANA REGION. PROMOTION OF ECONOMIC DEVELOPMENT IN HUNTINGTON COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY, THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

HUNTINGTON MEMORIAL HOSPITAL, INC., ALSO SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY, SINCE ACCESS TO QUALITY CARE IS AN INTEGRAL COMPONENT OF IMPROVING THE WELL-BEING OF AREA RESIDENTS. THESE RECRUITMENT ACTIVITIES ARE BASED ON RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT. HUNTINGTON MEMORIAL HOSPITAL, INC., DEVELOPED A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE.

HUNTINGTON MEMORIAL HOSPITAL, INC., STRIVES TO BRING THE HIGHEST-QUALITY, BEST-INTEGRATED, AND MOST COST-EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY TO OUR COMMUNITIES. IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS.

EVERY MEMBER OF HUNTINGTON MEMORIAL HOSPITAL, INC.'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE, MAKING PARKVIEW THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE. WE ARE COMMITTED TO PROVIDING EXCEPTIONAL CUSTOMER SERVICE TO ALL PEOPLE. WE KNOW HOW IMPORTANT CLINICAL, SERVICE

Part VI Supplemental Information (Continuation)

AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF HUNTINGTON MEMORIAL HOSPITAL, INC., AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER PARKVIEW HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY ON A GROSS BASIS.

PART III, LINE 3:

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF HUNTINGTON MEMORIAL HOSPITAL, INC. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND ALL COLLECTION EFFORTS CEASE.

PATIENTS ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED WITH A COLLECTION AGENCY. THE AMOUNT REFLECTED ON LINE 3 WAS CALCULATED

Part VI Supplemental Information (Continuation)

BY TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO BAD DEBT AND PLACED WITH A COLLECTION AGENCY, BUT SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE DURING THE TAX YEAR. THE ACCOUNTS WERE RECLASSIFIED AS CHARITY CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FINANCIAL ASSISTANCE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 13 AND 24 - 27 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT. HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES

Part VI Supplemental Information (Continuation)

TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, HUNTINGTON MEMORIAL HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. HUNTINGTON MEMORIAL HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

IF THE PATIENT CANNOT PAY IN FULL, THE OPTION OF A LOW INTEREST LOAN IS AVAILABLE WITH THE SAME DISCOUNT OFFERED FOR CASH PAYMENTS AS LONG AS THE LOAN IS ARRANGED WITHIN 30 DAYS OF THE FIRST GUARANTOR STATEMENT. IF THE PATIENT DEFAULTS ON THE LOAN, THE DISCOUNT WILL BE REVERSED AND THE PATIENT'S ACCOUNT WILL BE PLACED IN A COLLECTION AGENCY.

INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED THIRTY-SIX (36) MONTHS ARE AVAILABLE. THE MINIMUM MONTHLY PAYMENT IS \$25.

FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL. THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM. THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW.COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260.266.6700 OR TOLL FREE 855.814.0012. A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME

Part VI Supplemental Information (Continuation)

DURING THE APPLICATION PERIOD.

FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT.

THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES WHICH MAY ULTIMATELY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE. ADDITIONALLY, THE COLLECTION AGENCY MAY SUE AND OBTAIN A JUDGMENT AGAINST THE PATIENT FOR NON-PAYMENT. THESE ACTIONS WILL NOT OCCUR UNTIL 120 DAYS AFTER THE PATIENT IS SENT THEIR FIRST FOLLOW-UP STATEMENT INDICATING THE AMOUNT THEY OWE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN THOUGH THEY HAVE BEEN PLACED WITH A COLLECTION AGENCY. IF THE PATIENT WAS SENT THEIR FIRST NOTICE ON THE ACCOUNT FOR WHICH THEY ARE APPLYING FOR FREE CARE BETWEEN 120 DAYS AND THE END OF THE APPLICATION PERIOD, THE ACTIONS ABOVE WILL BE SUSPENDED UNTIL THE FREE CARE APPLICATION ELIGIBILITY IS DETERMINED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HEALTH SYSTEM, INC., INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY

Part VI Supplemental Information (Continuation)

IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF.

- DATA COLLECTION FROM COMMUNITY HEALTH WORKERS
- HCI SECONDARY DATA
- MEETING WITH COMMUNITY PARTNERS
- OBSERVATIONS FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS
- REVIEW OF CHNA CONDUCTED BY LOCAL ORGANIZATIONS

HOSPITAL REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

Part VI Supplemental Information (Continuation)

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

HUNTINGTON MEMORIAL HOSPITAL, INC., PRIMARILY SERVES THE HUNTINGTON COUNTY COMMUNITIES OF HUNTINGTON, ANDREWS, MARKLE, MT. ETNA, ROANOKE AND WARREN.

ACCORDING TO WWW.STATS.INDIANA.EDU, IN 2020, HUNTINGTON COUNTY HAD APPROXIMATELY 36,395 RESIDENTS, PRIMARILY CAUCASIAN (95.8 PERCENT), FOLLOWED BY HISPANIC (2.5 PERCENT) AND AFRICAN-AMERICAN (1.0 PERCENT). THE COUNTY'S ANNUAL UNEMPLOYMENT RATE WAS 6.6 PERCENT. THE MEDIAN HOUSEHOLD INCOME IN HUNTINGTON COUNTY WAS \$54,565. THE EMPLOYMENT AND EARNINGS BY INDUSTRY WAS HEAVILY MANUFACTURING-BASED (19.8 PERCENT) FOLLOWED BY HEALTHCARE/SOCIAL SERVICES (9.8 PERCENT) AND RETAIL TRADE (9.2 PERCENT). THE POVERTY RATE IN HUNTINGTON COUNTY STOOD AT 9.7 PERCENT.

THE POPULATION OF HUNTINGTON COUNTY THAT ARE UNINSURED IS 9.43 PERCENT ACCORDING TO WWW.DATAUSA.IO. OF THOSE WITH INSURANCE, 14.4 PERCENT ARE ON MEDICAID.

ACCORDING TO WWW.DATA.HRSA.GOV, THERE IS ONE FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA IN THE SALAMONIE AREA OF HUNTINGTON COUNTY WHICH HAS TOO FEW PRIMARY CARE PROVIDERS.

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

Part VI Supplemental Information (Continuation)

THE HUNTINGTON MEMORIAL HOSPITAL, INC., BOARD OF DIRECTORS COMPRISES INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON HUNTINGTON MEMORIAL HOSPITAL, INC., TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

ADDITIONALLY, HUNTINGTON MEMORIAL HOSPITAL, INC., FUNDS COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND OTHER HOSPITAL FUNDS INCLUDE:

-INVESTMENT IN KEY ORGANIZATIONS (HEALTH PARTNERS) THAT ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF HUNTINGTON COUNTY AND NORTHEAST INDIANA.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

Part VI Supplemental Information (Continuation)

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.: COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; DEKALB MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

THE CORPORATE MISSION AND VISION IS AS FOLLOWS: AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY: 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY 4)"EXCELLENT CARE, EVERY PERSON, EVERY DAY".

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS

Part VI Supplemental Information (Continuation)

PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS,
PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND
HEALTH/WEELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR
MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON,
EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS
FUNDS IN OUR EFFORTS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
IN

PART VI, LINE 7:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE
DEPARTMENT OF HEALTH.